

## Council meeting

Monday, 24 April 2025

Public meeting: 12.45-13.45

### Public business

#### Standing Items

- |       |  |                                 |
|-------|--|---------------------------------|
| 12.45 | 1. Welcome and introductory remarks  | Gisela Abbam                    |
| 12.47 | 2. Declarations of interest – public items   | Gisela Abbam                    |
| 12.48 | 3. Minutes of the February meeting<br>Minutes of the public session on 20 February 2024 – for approval | 25.04.C.01<br>Gisela Abbam      |
| 12.50 | 4. Strategic communications and engagement - Chair and Executive update<br><i>For noting</i>           | 25.04.C.02<br><br>Duncan Rudkin |

#### Regulatory functions

- |       |   |                             |
|-------|---|-----------------------------|
| 12.55 | 5. Anonymisation project – interim evaluation | 25.04.C.03<br>Dionne Spence |
|-------|---|-----------------------------|

#### Governance, finance and organisational management

- |       |   |                              |
|-------|---|------------------------------|
| 13.07 | 6. Council appointments and reappointments 2026<br><i>For approval</i>  | 25.04.C.04<br>Janet Collins  |
| 13.17 | 7. Changes to the remit of the Assurance and Appointments Committee and composition of the interview panel for AAC chair recruitment<br><i>For approval</i> | 25.04.C.05<br>John Cullinane |
| 13.30 | 8. Any other business   | Gisela Abbam                 |

Date of next meetings: Awayday - 18 and 19 June  
Council – 17 July (in person)

# Minutes of the Council meeting on 20 February 2025

*To be confirmed on 24 April 2025*

## Minutes of the public items

### Present:

Gisela Abbam (Chair)	Penny Mee-Bishop
Yousaf Ahmad	Rima Makarem
Neil Buckley	Rose Marie Parr
Dianne Ford	Aamer Safdar
Ann Jacklin	Jayne Salt
Elizabeth Mailey	Ade Williams

### Apologies:

Gareth Powell  
Selina Ullah

### In attendance:

Duncan Rudkin	Chief Executive and Registrar
Jonathan Bennetts	Chief Operating Officer and Deputy Registrar
Louise Edwards	Chief Strategy Officer and Deputy Registrar
Roz Gittins	Chief Pharmacy Officer and Deputy Registrar
Dionne Spence	Chief Enforcement Officer and Deputy Registrar
Paul Cummins	Interim Chief of Staff
Gary Sharp	Associate Chief Operating Officer - Resources
Siobhan McGuinness	Director for Scotland
Liam Anstey	Director for Wales
Rachael Gould	Head of Communications
Vanessa Clarke	Principal Finance Officer

Emily Wilding

Senior Business Planning and Reporting Manager

Janet Collins

Senior Governance Manager

## Standing items

### 1. Attendance and introductory remarks

- 1.1 Gisela Abbam welcomed those present to the meeting and welcomed Paul Cummins in his new role as Interim Chief of Staff.
- 1.2 This was the last meeting for Council members Elizabeth Mailey and Jayne Salt. The Chair paid tribute to them as follows:

“Jayne became a lay member of Council in April 2017 and has been an invaluable part of the Audit and Risk Committee ever since. She also joined the Quality and Performance Assurance Committee when it was established. Her experience as a solicitor and prosecutor has enabled her to bring important perspectives. In both committee and Council meetings, Jayne’s extensive experience in criminal and regulatory law has allowed her to ask insightful and very useful questions about our Fitness to Practise work and the team have greatly appreciated and learned a lot from her contributions.

Elizabeth became a registrant member of Council in April 2017. Her leadership as the Chair of the Workforce Committee from 2019 to 2024 was exemplary and her continued contributions to the Audit and Risk and Quality and Performance Assurance Committees demonstrate her unwavering commitment to advancing our field. Elizabeth’s uniquely diverse career in pharmacy, spanning industry, community and hospital practice has been an invaluable asset to the Council. Her broad expertise enriches the understanding of pharmacy practice among her peers and the Executive alike.

Duncan and the team deeply appreciate the extra efforts Elizabeth put into the recruitment of our new Executive team.

Elizabeth and Jayne are truly at the pinnacle of their careers. They have contributed significantly to the work of the GPhC and working with them has been an absolute pleasure. We will certainly miss them.”

- 1.3 Duncan Rudkin confirmed that the Privy Council had approved the reappointment of Gisela Abbam as Chair of the GPhC for a further four years, from April 2025 to March 2029. Council members congratulated GA on her reappointment.

### 2. Declarations of interest

- 2.1 The Chair reminded members to make appropriate declarations of interest at the start of the relevant item.

### 3. Minutes of the last meeting (25.02.C.01)

- 3.1 The minutes of the public session held on 12 December 2024 were approved as a true and accurate record of the meeting, with one amendment. Paragraph 9.6 in relation to the Chief Pharmacist standards would be amended to make clear that communication to the profession would make clear the responsibility and authority that Chief Pharmacists must have in order for the standards to be met and the defence to be available.

#### **4. Actions and matters arising (25.02.C.02)**

- 4.1 The action log was up to date. A new forward look had been added to the log, to give members an indication of the business that would be coming up.

##### *Matters arising*

- 4.2 Paragraph 7.3 of the minutes: the indefinite ban on the sale or supply of puberty blockers via private prescription to people under 18 had been implemented and the relevant GPhC communications had been updated accordingly.
- 4.3 Paragraph 9.7 of the minutes: the Standards for Chief Pharmacists had been finalised and promulgated.

#### **5. Workshop summary for December 2024 (25.02.C.03)**

- 5.1 The Council noted the summary of the December workshop.

#### **6. Committee minutes (25.02.C.04a-b)**

- 6.1 The Council reviewed the minutes of the public session of the Audit and Risk Committee meeting and the minutes of the Quality and Performance Assurance Committee (QPAC), both held in November 2024.
- 6.2 With the Registration Assessment now running well, the QPAC would now only review its operation by exception. Some changes were being considered, including trainees taking the calculations paper earlier. The Committee was continuing to monitor the universities whose graduates were performing less well in the assessment.
- 6.3 The Council noted the relevant minutes.

#### **7. Strategic Communications and engagement update (25.02.C.05)**

- 7.1 Duncan Rudkin (DR) introduced the paper and highlighted the update in relation to assisted dying. There would be an important role for pharmacy in any legislation which might come about and the GPhC had made contact with the sponsoring MP and her team. While the regulator did not have a policy position on the issue, it was helpful to have a line of communication open and there would be follow up on a number of related issues. The Council would be kept updated.
- 7.4 The Council noted the update.

#### **8. Policy update (25.02.C.06)**

- 8.1 Louise Edward introduced the paper, which was a new agenda item, and invited feedback on the content and usefulness. The paper provided strategic level updates on work being undertaken in standards and education policy teams as well as in Scotland and Wales. It also included strategic risks.
- 8.2 A current challenge was the implementation of the new Foundation Training year and the disparity between the availability of placements and the number of trainees needing them. This was not something that the regulator could control, but it could escalate the issue appropriately.
- 8.3 Members welcomed the new item, agreed that the paper was useful and noted its content.

## **Governance, finance and organisational management**

### **9. Annual plan and budget 2025-26 (25.02.C.07)**

9.1 Emily Wilding and Vanessa Clark joined the meeting to present the Annual Plan and Budget for 2025-26 respectively.

#### *Annual plan*

9.2 The strategic plan for the next five years was still to be approved, so it was important to note that the annual plan could change in response.

9.3 The annual plan included space to include sequencing work for the delivery of the strategic plan. There were clear priorities for quarters one and two and indicative priorities for quarters three and four, which would be updated following a mid-year review. Business as usual activities were included as these took the majority of resource.

9.4 Some amendments to the draft plan were agreed:

- 1) mapping to the strategic aims would be removed;
- 2) the Q3 and Q4 indicative objectives would be removed and the objectives would be shown as annual.

9.5 With those amendments, the draft annual plan was agreed.

#### *Budget*

9.6 The budget was aligned with the annual plan, with much of it related to delivering effective regulation. There was an expected operating deficit of £2.2 million. Employee costs had been affected by the need to recruit staff to expedite work and the increase in employer's National Insurance costs. There had also been a rise in advocacy costs with more hearing days to complete Fitness to Practise cases.

9.7 Income was expected to rise by approximately 5%. The deficit was manageable in the short term but steps would be taken to bring finances back to a better position, including temporarily reducing reserves, further cost improvements and the fee strategy.

9.8 Following discussions on the level of reserves and the vacancy rate, the budget was approved.

### **10. Q3 Board Assurance Framework report (25.02.C.08)**

10.1 Duncan Rudkin introduced the BAF report.

10.2 There was a discussion about the need for reports to include information on whether the organisation was on track to achieve its aims and the way that the RAG ratings were allocated. For example, Fitness to Practise was showing as red even though two key measures were on track, any breach in data protection triggered a red even if the Information Commissioner had no concerns, while Finance was showing as green when the organisation was in deficit. The metrics and reporting had been helpful when first introduced but now needed to evolve.

10.4 Following a discussion, the Council noted the Q3 BAF report.

## **11. Assurance and Appointments Committee (AAC) annual report (25.02.C.09)**

- 11.1 Elisabeth Davies (ED), Chair of the AAC, joined the meeting to present the committee's annual report to Council. This would be her last meeting with the Council before she stood down from her role and the members thanked her for her work.
- 11.2 There was a discussion about the deputy Chairs of the Fitness to Practise committees, their attendance at chairs' meetings and the fact that they could opt out of drafting decisions. ED explained that attendance at the chairs' meetings was not currently mandatory for deputy chairs. Dionne Spence (DS) told the Council that the requirement to draft decisions had been a barrier to deputy chair recruitment and so had been dropped. Those that did draft were paid a higher rate, while the Legal Assessor on a case did the drafting where the deputy chair did not. The position was being kept under review.
- 11.3 Asked for her reflections before she left her role, ED noted that the recruitment of a new Chair was an opportunity to review both the role description and the terms of reference of the AAC.
- 11.4 Following the discussion, the Council noted the annual report of the Assurance and Appointments Committee.

## **Regulatory functions**

### **12. Impact of the revised hearings and outcomes guidance (25.02.C.10)**

- 12.1 DS introduced the update, which Council had previously requested when it approved the revised guidance in December 2023. The revised guidance had been part of the GPhC's work to strengthen its various guidance documents in relation to allegations of racist and other discriminatory behaviour. It was inter-connected with the Managing Concerns and EDI strategies.
- 12.2 There had been two cases which had included allegations of potentially discriminatory behaviour and the guidance had been used in both.
- 12.3 Following a short discussion, the Council noted the update.

### **13. Any other business**

- 13.1 There had been significant media covering of weight management medications and the updated guidance that the GPhC had issued. The topic was likely to continue to be of public interest and work would continue on several fronts, including a webinar with the Advertising Standards Authority and the Medicines and Healthcare products Regulatory Agency.
- 13.2 Members noted that the recently published guidance and infographic on Valproate was very useful. It would be important for the GPhC to be clear what good looked like as pharmacist prescribing became more common.
- 13.3 There being no other public business, the meeting closed at 15.30.

# Strategic communications and engagement: Chair and Executive update

## Meeting paper for Council on 24 April 2025

Public

### Purpose

To update the Council on Chair and Executive strategic engagements since the last meeting in February 2025. The paper also includes an overview of key developments in pharmacy and healthcare regulation in this period.

### Recommendations

Council is asked to note and discuss the update.

#### 1. Introduction

1.1 This paper updates Council on Chair and Executive strategic engagements and wider events, as a regular standing item. These opportunities are identified, planned and managed in line with our Strategic Engagement Framework and our Strategic Engagement activity plan. We have also incorporated an update on key developments in pharmacy and healthcare regulation in this period.

#### 2. Strategic engagements: February-April 2025

##### Policy makers (including parliamentarians and Government officials)

- 2.1 On 27 March 2025, the Chair, Chief Executive and Director for Scotland met with Neil Gray MSP, Cabinet Secretary for Health and Social Care in the Scottish Government. This meeting provided the opportunity to discuss with the Cabinet Secretary key developments in the education and training of pharmacists and pharmacy technicians in Scotland, and to discuss the key areas of GPhC focus over the next few years.
- 2.2 The Chief Executive, Director for Scotland and Director for Wales have engaged with Government officials, as well as from a wide range of stakeholders within pharmacy, during this period.
- 2.3 In this period, the Chief Executive also continued to meet regularly with officials at the Department of Health and Social Care to discuss key pharmacy regulation and other legislative developments.

### Pharmacy and other regulatory leaders

- 2.4 During this period, the Chair and Chief Executive met with a wide range of pharmacy leadership and representative bodies, including the Royal Pharmaceutical Society (RPS), the Association of Pharmacy Technicians UK (APTUK), the National Pharmacy Association (NPA), the Independent Pharmacy Association (IPA), the Company Chemists Association and the Pharmacists' Defence Association (PDA).
- 2.5 The Chief Executive also attended the UK Pharmacy Professional Leadership Advisory Board Meeting on Tuesday 11<sup>th</sup> March.
- 2.6 The Chair and Chief Executive also met with regulatory leaders, including the Chair and Chief Executive of the Care Quality Commission, and the President and Chief Executive of the Pharmaceutical Society of Northern Ireland.
- 2.7 On Wednesday 19 February the Chair attended a meeting on Patient Consent organised by the Health and Care Professions Council (HCPC).
- 2.8 On Friday 21 March the Chief Executive attended the Chief Executives' Steering Group with CEOs of the other regulators.
- 2.9 Our Directors for Scotland and Wales participated in a wide range of meetings with stakeholders in their countries during this period. Our Director for Scotland attended the second meeting of the Scottish National Pharmacy Workforce forum, to discuss national commissions and priorities for the pharmacy workforce in Scotland, as well as the Pharmacy in Practice conference, and the Health and Social Care Intelligence network; a Scotland-based regulators' regular meeting to share intelligence and emerging issues.
- 2.10 Our Director for Wales attended the Welsh Pharmaceutical Committee meeting, and met with the Directors of Pharmacy in Wales, Community Pharmacy Wales, Health Education and Improvement Wales (HEIW) and with Community Pharmacy Wales.

### 3. Engagement events, forums, roundtables and media engagement

- 3.1 Our Student Voice Forum met on 12 February 2025. Members shared their differing experience of completing the e-portfolio during their foundation trainee year. The group also shared their views on the annual surveys GPhC are developing, which will ask students and trainees about the quality of education and training they are receiving.
- 3.2 Our Pre-registration Trainee Pharmacy Technician Forum met on 18 February 2025. Members shared their differing experience with assessors, with some members highlighting they had multiple assessors throughout the duration of their course. The group also shared their experiences of different course delivery models, sharing the advantages and challenges of both online and in-person learning. The group shared their views on the annual surveys GPhC are developing, which will ask students and trainees about the quality of education and training they are receiving.
- 3.3 Our Patient and Public Voice Forum met on 19 March 2025. Members shared experiences of being bounced between different healthcare services and highlighted the risks of falling between the gaps. The group felt that services are designed to suit the system, rather than designed around what patients need. Those with multiple conditions shared how different services focus on different conditions and no one looks at their care holistically. Members also shared experiences of homecare services, noting some issues with communication and service quality.



- 3.4 We shared the GPhC's future plans with the Patient and Public Voice Forum. Members suggested avoiding jargon and simplifying language to improve readability of regulatory documents. They felt that addressing health inequalities should be an importance focus for the GPhC in the future. The group also discussed the impact of new technology on patient experience and confidence. Members felt there are advantages to using new technology but were concerned about digital exclusion. They also shared mixed experiences of using apps for their prescription medicines.
- 3.5 On 12 March, the GPhC hosted a webinar focusing on our updated guidance for online pharmacies. We were joined by representatives from the Medicines and Healthcare products Regulatory Agency (MHRA) and Advertising Standards Authority (ASA) / Committee of Advertising Practice (CAP). The webinar was attended by just under 500 people, and recordings and presentations from this webinar are now available on our website.
- 3.6 Our partnership working with the MHRA and ASA/CAP continued in April, when we issued a joint enforcement notice making clear that adverts for named weight-management POMs are prohibited, including online, on social media and by influencers, and any remaining ads must be removed immediately. This joint enforcement notice was extensively covered across the national and trade media.
- 3.1 On 1 April, Gisela Abbam, GPhC Chair, participated in a panel discussion on "Reimagining the STEM pipeline: How can we advance equity and success?" at the Minoritised Life Scientists Future Forum in Birmingham. Ade Williams, GPhC Registrant Council member also attended the conference.
- 3.2 On 9 April we hosted a virtual listening event with pharmacists, pharmacy technicians and other stakeholders, which was attended by the Chair and several Council members. Participants discussed a wide range of topics including:
- Challenges in establishing multi-sector rotations for pre-registration pharmacy technicians, and a desire to see updated standards in light of evolving roles and the introduction of patient group directions (PGDs).
  - Concerns about varying assessment levels for pharmacists gaining independent prescribing qualifications.
  - Lack of protected time for learning and development, with disparities noted between pharmacists and pharmacy technicians.
  - Concerns about the impact of funding on service delivery, with a lack of funding affecting progress with technology, staff recruitment, and retention.
  - Lack of understanding among other health professionals about pharmacists' consultation capabilities.
  - Importance of community pharmacies in tackling health inequalities.
- 3.3 On the 16 April the GPhC participated in the British Pharmaceutical Students Association (BPSA) conference in Swansea. We hosted a listening event with the GPhC Chief Executive and Chief Enforcement Officer, presented a session providing an overview of the GPhC Registration Assessment, and had an exhibition stand. Themes from this event will be shared in the next report to Council.

3.4 In April, our Chief Pharmacy Officer, Roz Gittins, wrote to pharmacists, pharmacy technicians and pharmacy owners to raise awareness of some emerging issues which have led to concerns being raised with us. These issues included the supply or administration of non-medicinal, unregulated products, as well as pharmacies working with unregulated online prescribing platforms. The pharmacy trade press extensively covered this update, helping to further increased awareness.

## 4. Future engagement

### 4.1 Our upcoming events include:

- Attending the Clinical Pharmacy Congress on 9 and 10 May, where our Chief Pharmacy Officer and Chief Enforcement Officer will be speaking on 'Pharmacy regulation is developing: what does it mean for the sector?' as well as having a stand. GPhC Chair will attend on 10<sup>th</sup> May.
- Meetings of our Pharmacist Forum on 21 May and Pharmacy Technician Forum on 27 May.
- Steve Race MP, Chair of the All Party Pharmacy Group, will host a Reception on behalf of the General Pharmaceutical Council -at the, House of Commons on 18 June. We will introduce the GPhC's new strategy for the next 5 years, and lead discussions on how we can work collaboratively, to empower pharmacists and pharmacy technicians to care for their patients and the public as integrated members of the health and care professional workforce.

## 5. Key developments in pharmacy and healthcare regulation

### RPS members vote in favour of proposed changes to the RPSs' Royal Charter and its transition to a Royal College.

- 5.1 The Royal Pharmaceutical Society (RPS) **announced on 26 March 2025** that RPS members had voted in favour of proposed changes to the RPS's Royal Charter and its transition to a Royal College.
- 5.2 The RPS has committed to developing a new strategy for the new royal college and said that this will be a collaborative process in which its members will play a vital role.
- 5.3 The RPS Chief Executive, Paul Bennett, has said that the RPS will now focus on progressing the necessary steps with the Privy Council, Charity Commission, and the Office of the Scottish Charity Regulator (OSCR). Its goal is to complete its transition to royal college status by Spring 2026.
- 5.4 The GPhC **issued a short statement in response to the announcement**, emphasising that we look forward to continuing to work closely with the RPS and other pharmacy organisations, and are sharing this with the pharmacy trade media and via our website:

### Abolition of NHS England and review of quangos

- 5.5 On 12 March 2025, the Prime Minister announced that **NHS England is to be abolished**, with the management of the health service in England brought back under the control of the Department of Health and Social Care (DHSC).

- 5.6 The GPhC works very closely with NHS England, including on the changes taking place to foundation training for pharmacists, and remains in close contact with NHS England colleagues and DHSC officials.
- 5.7 The UK Government is also carrying out a review of quangos, with the aim to reduce bureaucracy and improve efficiency. The **Chancellor of the Duchy of Lancaster has written to departments** to justify every quango otherwise they'll be closed, merged, or have powers brought back into the department.

### **Funding package agreed for pharmacy in England**

- 5.8 A **full-year funding package has been agreed** between the government and Community Pharmacy England.
- 5.9 The Department of Health and Social Care confirmed it has agreed funding with Community Pharmacy England worth an extra £617 million over 2 years following a 6-week consultation with the organisation. In addition, the Government cancelled debt of £193M.
- 5.10 Making the announcement, Stephen Kinnock, Minister of State for Care, said this package of record investment and reform was a vital first step to getting community pharmacies back on their feet and fit for the future, following a decade of underfunding and neglect.
- 5.11 The funding package includes funding for new services for patients and the public, including making the 'morning-after pill' available free of charge at pharmacies on the NHS for the first time, offering patients suffering depression convenient support at pharmacies when they are prescribed antidepressants, and boosting financial incentives for pharmacists to identify patients with undiagnosed high blood pressure and take pressure off GPs.
- 5.12 Community Pharmacy England and other pharmacy bodies welcomed the announcement as a positive step forward, whilst also making the case that significant further investment was needed.

### **Assisted dying legislation in Isle of Man**

- 5.13 Proposed laws to give terminally ill adults on the Isle of Man the right to choose to end their own lives have been agreed by the Manx parliament.
- 5.14 It means the bill can now be sent for Royal Assent, making it the first parliament in the British Isles to take this step.
- 5.15 Under the provisions in the Assisted Dying Bill 2023, adults with a prognosis of 12 months or less to live would be given the right to choose to die.
- 5.16 The GPhC registers pharmacists and pharmacy technicians working on the Isle of Man. We will carefully review the final legislation and the supporting regulations that follow and consider their implications for the GPhC and the professionals we regulate.
- 5.17 The remaining stages of the Terminally Ill Adults (End of Life) Bill, which would change the law on assisted dying in England and Wales, have been delayed and will now take place on Friday 16 May. Proposed legislation on assisted dying is also progressing through the parliamentary process in Scotland and in Jersey.

## **6. Recommendations**

Council is asked to note and discuss the update.

Paul Cummins, Chief of Staff  
Rachael Gould, Head of Communications  
February 2025

# Anonymisation Project – interim evaluation review

## Meeting paper for Council on 24 April 2025

Public

### Purpose

To provide Council with an interim evaluation review of the anonymisation project which ran between February 2023 and March 2024 and agree next steps

### Recommendations

Council is asked to:

1. Note the content of the review and agree next steps

### 1. Introduction

- 1.1 In line with our ‘Delivering equality, improving diversity, and fostering inclusion’ strategy, we are committed to making regulatory decisions that are demonstrably fair, lawful and free from discrimination and bias
- 1.2 At the launch of our strategy, the GPhC sought to explore opportunities to mitigate potential bias in decision making and, although delayed due to the pandemic, in 2023, commenced a pilot in which we would redact information that could identify the ethnicity of a registrant appearing before the Investigating Committee (IC).
- 1.3 It was recognised at the time that the IC was only one element of decision making for a registrant undergoing an investigation into their fitness to practise. However, the IC is a paper-based decision-making function supported by a Secretary and Legal and Clinical Advisers as required, it was deemed a suitable group to test the effectiveness of anonymisation.
- 1.4 The project ran between April 2023 and the end of March 2024. Due to rapidly increasing workload and resource pressures, there has been a lengthy delay in reviewing the outputs of the project.

### 2. Methodology, Findings and Feedback

#### Methodology

- 2.1 The project would include any redacting information from the IC case bundles that relayed any reference to the name, religion, country of birth, and / or any other information that might show or imply the registrant's ethnicity.
- 2.2 From the outset, it was agreed that certain categories of cases would not be suitable for anonymisation during the pilot. These included;
  - (a) cases that had previously been adjourned
  - (b) cases that involved allegations of discrimination
  - (c) cases that included CCTV evidence, or audio recordings
- 2.3 The project anticipated a resource need of approximately one day a week which would be secured through existing resource.
- 2.4 During the project, and in response to feedback collated from the IC, several other categories of cases were identified as not suitable being for redaction, due to timeliness or complexity issues.
  - (d) Multi-handed / linked / joinder cases
  - (e) Large investigations involving excessive volumes of paperwork

These were then omitted from the pilot due to the time impact and delays it was causing to preparing papers.

## Project outputs

- 2.5 84 cases were listed for an IC meeting between April 2023 and the end March 2024. Of these 45 were considered suitable or able to be redacted, totalling about 54 per cent. As the numbers are so small, it has been difficult to qualify the analysis from the pilot. Not all of the cases that have been through the IC have concluded at FtPC.
- 2.6 We have sought to overlay the findings from the broader analysis contained within the *protected characteristics of pharmacists in the GPhC's managing concerns* process. This must necessarily be heavily caveated due to the low proportion of concerns received that proceed to IC.
- 2.7 There are two decision making stages prior to IC where bias may still have been present – triage, which during the project year, determined the outcome on c4,200 cases, and the pre-IC stage, during which just under 300 cases were determined. All of these decision makers would have had sight of the data being removed during this pilot.
- 2.8 In our broader analysis for the project year 2023-2024, we found higher proportions of referrals to the GPhC for male pharmacists, older pharmacists and those from ethnic minorities, however, once an investigation had been opened, these variances disappeared for ethnicity and age although there remained an over-representation of male pharmacists under investigation and in receiving the more serious sanctions.
- 2.9 These findings are similar to those of a previous analysis covering the period 2021 – 2022 with one exception in relation to the over-representation of Asian pharmacists that went on to be investigated through our triage process.

2.10 The analysis relating to ethnicity for the Committee stages (incorporating IC and FtPC) has not changed when comparing the pre project analysis to the project year. However, in spite of this comparison, with the low numbers involved we consider that we are unable draw any meaningful quantitative analysis from this project. It is also the case that no review has been conducted of those cases in order to form an objective assessment of the appropriateness of the outcome reached.

### Registrant Feedback

2.11 In relation to qualitative analysis, we submitted a short survey to 24 registrants whose cases had been dealt with and concluded under the Project. 17 registrants responded to the survey representing a 71 per cent response rate. The survey asked registrants to provide the characteristics and their view on whether they felt that anonymisation made the IC process 'fairer', 'less fair' or 'had no effect'.

2.12 Not every registrant provided all their EDI data, with many answering 'prefer not to say'. However, all registrants who took part answered the question on whether anonymisation has impacted on the fairness of the IC process. Of the 17, ten reported it had made the process feel fairer (59%) while the remaining seven felt there was little or no effect.

2.13 It must be remembered, however, that it is likely that this would have been the only time for which these registrants would have been through the process, and therefore their subjective assessment of comparative fairness, though valid, cannot be referenced against an alternative non-anonymised approach. We are also unable to exclude the potential influence of perception arising from whether a registrant perceived themselves to have had a favourable or non-favourable outcome.

### Committee Feedback

1.2 Committee members were asked the same question and of the five who responded, two reported that it had felt fairer (40 per cent), with three reporting it had little or no effect.

2.14 We secured additional feedback from committee members and staff in relation to any other impacts they had experienced. Three of the five reported that anonymised cases were harder to follow, and two of the five reported that they took longer to review. We note the low numbers again, but also that this was reflected the ongoing feedback that was received after each IC meeting. Some of the comments are included below.

*'A lack of familiarity slowed the consideration of anonymised cases'*

*'Dealing with the ocean of case numbers (as opposed to case names) can be confusing'*

*'The redactions do have gaps and often the redacted bit is often revealed somewhere along the way'*

*'identifying the cases based on case numbers is confusing and it is hard to hold the thread of the case without a name'*

2.15 The committee identified some challenges around quality where the redaction software used had not pick up all instances where the registrant might be mentioned, for example where the registrant's name was misspelt, or the name was mentioned on certain types of documents that the equipment couldn't read. Increased checking and cross-checking of the bundles through peer and management support eliminated most of these early issues, although it resulted in delays in getting cases ready for the IC meeting and at least three

times more resource being required than was initially envisaged. No case was unable to be considered due to delays in redacting and checking.

### Staff feedback

- 2.16 It was acknowledged that there would also be a need for peer and management support in checking redacted bundles. Management support for the Project has also been necessary to deal with queries that have arisen during the Project. After the IC has made decisions the staff team then repopulate the redacted decision with names and other details so there was a fairly lengthy post-IC process in addition.
- 2.17 The last six months of the project coincided with a large increase in case numbers for the IC. This put the Team under increased pressure and meant other work has had to be continuously juggled and reprioritised. Staff generally felt that the project had a disproportionate on their workload with one reporting that redaction work for one meeting alone took over 18 hours, just under three days' worth of time, and this was without the additional post IC work.
- 1.3 The staff also indicated that the stretch on resources had sometimes meant a delay in case papers getting to Committee Members. This often occurred when registrants submitted 'last minute' representations, which had that had to be redacted before forwarding to the Committee, resulting in the IC having less time to read the representations. An example was provided of one case that had an almost 100-page submission sent shortly before the meeting which had to be reviewed and redacted.
- 1.4 Staff also report the impact on their other duties like being slower to monitor and deal with inbox queries from Committee Members and registrants in the run up to an IC Meeting and well as reporting that the meeting were also taking longer as legal assessors were taking time to cross reference the redacted and unredacted material.

## 2. Recommendations

- 2.18 The project team recommend that we do not continue with undertaking redactions at IC stage for the following reasons
- (a) The GPhC does not share the same challenges of disparity in statutory outcomes on the grounds of ethnicity that we see across the larger regulatory landscape. The disparity for the GPhC is in the gender and ethnic split of registrants who are complained about by those raising concerns, for example, entering rather than exiting the front-end of the process rather than exiting at the IC stage.
  - (b) Less than two per cent of concerns received reach the IC decision making point and less than 60 per cent of these are then eligible for redaction.
  - (c) The evidence, although heavily caveated due to low volumes, has not indicated a positive or negative impact on the potential for bias in IC decision making, and we therefore suggest is insufficient to justify the further resource commitment which would be required for a deeper and more meaningful exercise.
  - (d) The feedback received suggests that redacting registrant information has had a negative impact on the timely service of bundles and on the pace of conducting the meetings.



- (e) The resource needs for redacting were grossly underestimated and we would require an additional staff member of approximately 0.8 full time equivalent without proportioning a realisable benefit.

In contrast

- (f) There is feedback that suggest that some registrants perceived that the process was fairer due to the redactions.

2.19 On receipt of the 2024-2025 protected characteristics in FtP analysis, further work will be undertaken to consider how we can address the disparities identified at the earlier stage of the process, which appears to be the most significant cause for concern potential concern and enquiry.

### 3. Equality and diversity implications

3.1 The Report is focused on evaluating the anonymisation project that is a key strand of the GPhC EDI Strategy and Implementation Plan. There are no EDI implications arising from the interim review.

### 4. Communications

4.1 No additional communications are planned at this stage. Analysis for the 2024-2025 protected characteristics monitoring report is due to commence in May and this may inform next steps.

### 5. Resource implications

5.1 If anonymisation is considered a viable process, there will be a need to recruit an additional resource to support the approach. This is likely to be at a Band E grade with a full-time equivalent salary of approximately £30,000 per annum.

### 6. Risk implications

6.1 There are risks to both decisions

- (g) The risks of continuing the Project are the impact on staffing resources and our; delays and confusion within the IC process and potential delays in getting case bundles or papers to the Committee giving them sufficient time to read the same.

- (h) The risk of not continuing the Project include potential adverse communication about stopping a process that has the potential to enhance the *perception* of fairness for registrants from a non-white background who have cases that are considered by the IC.

### 7. Recommendations

Council is asked to:

2. Note the content of the interim review and agree next steps

Dionne Spence, Chief Enforcement Officer and Deputy Registrar  
General Pharmaceutical Council

17/04/2025

# Council member appointments and reappointments 2026

## Meeting paper for Council on 24 April 2025

Public

### Purpose

This paper sets out the proposed process for Council member appointments and reappointments for 2026

### Recommendations

The Council is asked to:

- i. Agree the process to be used for filling Council member vacancies arising in 2026;
- ii. Note the selection criteria and competencies for new Council member appointments in the current policy at Appendix 1 and advise on the proposed desirable criteria;
- iii. Note the next steps in the process and timetable.

### 1. Introduction

- 1.1 Our role in the recruitment of members is to assist the Privy Council to make their appointments by ensuring that the appointments and/or reappointments processes are undertaken properly, in a timely manner and with sufficient resources allocated.
- 1.2 In line with our usual approach, this paper sets out the high-level plan for the appointments and reappointments process, based on our detailed policy for managing and recommending Council appointments (see **Appendix 1**) and the Professional Standards Authority's guidance.
- 1.3 Elements of the plan have been discussed with the Chair and we have also had early discussions with the PSA.

### 2. Appointments and reappointments

- 2.1 Five Council members will complete their second terms of office on 31 March 2026, having completed seven years on Council.
- 2.2 Of the five members, four have indicated that they would be willing to serve a third and final term of one year, while one does not wish to do so.
- 2.3 This means that we need to undertake:
  - an appointment process to recruit one new member to join the Council in 2026,

- a reappointment process for the four members to serve one additional final year and
  - an appointment process for four new members to replace them in 2027.
- 2.4 We have considered a number of options for scheduling the required processes. We believe the option presented below to be the most preferable in terms of resource and meeting the PSA requirements.
- 2.5 Members will be aware that Council recruitment is a resource-intensive exercise. In late 2023 we ran a successful double recruitment for three members who joined Council in April 2024 and two who have recently joined. If Council approves, we are proposing to carry out a similar exercise on this occasion, running one appointment exercise in the second half of 2025/early 2026, appointing one member to join in April 2026 and four to join in 2027.
- 2.6 Selecting which of the newly-recruited members would join in 2026 would be based on the need to retain the balance between lay and registrant members and the skills and experience needed on the Council at that time.
- 2.7 As we did previously, we would maintain contact with the four members starting in 2027, keeping them up to date with the business of Council and inviting them to attend relevant events.
- 2.8 We would also need to run a reappointments process in late 2025 for the four members planning to remain on the Council from April 2026 to March 2027. Reappointments exercises are much less resource intensive and we are confident that we can run both processes in parallel.

### **3. Key considerations**

#### **(a) Using an agency**

- 3.1 In line with the policy, new member recruitment is usually supported by an external search agency with suitable experience in attracting diverse candidates for non-executive roles. This helps to avoid any direct, associative or perceptive discrimination and, in our experience, to increase the diversity of the candidate pool.
- 3.2 On that basis, we plan appoint a recruitment agency through open tender to run the campaign and some elements of the process. The agency will advise on the advertising strategy (with GPhC input), use its networks to approach candidates, carry out the first sift (along with the Independent Panel Member), conduct first stage interviews, work with the selection panel on longlisting and shortlisting and support the process from there by liaising with candidates. Fees for this work are included in the 2025/26 budget.
- 3.3 The tender document will be drafted with a strong emphasis on diversity and will require prospective agencies to demonstrate through the tender process how they will attract the broadest and most diverse range of candidates, and work in line with our commitment to equality, diversity and inclusion more widely. This will include attracting candidates from a range of backgrounds and experience levels.

#### **(b) Timetable**

- 3.4 As we have to run a tender process for an agency before we can start work on the appointments process – and as new Procurement regulations make this a lengthier process than previously – we plan to start the process as soon as we have Council’s agreement. An

indicative, high-level, timetable is set out below. Please note that this could change once we have had discussions with the successful agency.

Timeframe	Appointment	Reappointments
April 2025	Council approval of process	
April and May	Run tender process	
June	Appoint recruitment agency	
June	Develop campaign and materials	
July-August	Run campaign	
September	Applications assessed	Begin reappointments process
October	Longlisting meeting and initial interviews	
November	Shortlisting meeting and panel interviews	
December	PSA consideration	PSA consideration
January 2026	PCO consideration	PCO consideration
February	Confirmation	Confirmation
March	Induction for new member	
April	New member takes office	Reappointed members start third term
February 2027	Induction for four new members	
April	Four new members take office	

### (c) Criteria and competences

- 3.5 The policy on the appointment of Council members includes a role specification and example criteria (see **Annex B** of the attached policy). We have reviewed the essential criteria and believe that they remain relevant.
- 3.6 Although there is no statutory requirement to do so, Council has determined that we will always have at least one pharmacy technician member, so the requirements for the roles will make clear that we are actively seeking to recruit from this group and qualification and current registration as a pharmacy technician will be essential for pharmacy technician applicants.
- 3.7 It will be important to review the skills of the five members who will be leaving Council to ensure that their key skills and experience are not lost, including them as desirable criteria where required. In addition, we will have the benefit of the recently updated Council skills audit. Council will be asked to consider the desirable criteria further into the process.

### (d) Selection panel

- 3.8 The PSA sets requirements on the constitution of the selection panel which we must follow as part of our governance processes. For example, panels should not be constituted to have

a registrant majority and should have at least one member who has no connection with healthcare regulation (i.e. is not a current or recent registrant of any health and care regulator and does not currently work in the health and/or care field).

- 3.9 Panels are required to make recommendations about appointments in the public interest. To do this, it is important that panel members do not consider themselves and are not perceived as representatives of any particular group or organisation.
- 3.10 For this appointment, we will aim to have:
- an independent Chair experienced in public appointments;
  - an Independent Panel Member (IPM) responsible for providing assurance to the PSA that principles of a good appointments process have been followed;
  - the Chair of Council;
  - a pharmacist; and
  - a pharmacy technician.

#### **4. Equality and diversity implications**

- 4.1 We have a comprehensive Equality and Diversity Action Plan for Council member appointments, which we update for each recruitment exercise. This has been developed on the basis of good external practice and research and is adjusted each year to take account of any new or emerging research and lessons learned from previous campaigns.
- 4.2 We will also be seeking an agency with expertise and a proven track record in this area and EDI will significant weighting in the tender document.

#### **5. Communications**

- 5.1 The PSA requires vacancies to be advertised for at least four weeks, to give potential candidates sufficient opportunity to see the advertisement and apply. We propose to advertise for longer than the required four weeks as the advertising period will run over the summer. The advertising strategy and communications campaign for the recruitment process will be designed with the agency to attract a strong and diverse field of suitable candidates from a range of backgrounds.

#### **6. Resource implications**

- 6.1 The budget for 2025-26 includes provision for the recruitment and selection of new Council members, including the use of an external agency.

#### **7. Risk implications**

- 7.1 An appropriate and robust process for recruiting and selecting Council members is an essential step in ensuring good governance within the GPhC.
- 7.2 It is essential that our procedures meet the requirements of the PSA's Section 25c scrutiny process. The appointment process must meet the four principles of merit, fairness, transparency and openness, and inspiring confidence in regulation in order for the PSA to have confidence in it. If it did not, the Privy Council would not make the appointments we recommend.

7.3 These risks are mitigated by closely following the PSA guidance and our own policy and maintaining regular contact with the PSA throughout the process, discussing any queries or issues as they arise.

## **8. Recommendations**

The Council is asked to:

- i. Agree the process to be used for filling Council member vacancies arising in 2026;
- ii. Note the selection criteria and competencies for new Council member appointments in the current policy at Appendix 1 and advise on the proposed desirable criteria;
- iii. Note the next steps in the process and timetable.

Janet Collins, Senior Governance Manager  
General Pharmaceutical Council

[Enter date final version signed-off]

# **Council member and Chair appointments and reappointments**

**GPHC0050 Version 1.1**

This policy sets out our approach to managing and recommending Chair and Council member appointments and reappointments



## Policy details

<b>Policy reference</b>	GPHC0050
<b>Version</b>	1.1
<b>Policy author</b>	Laura McClintock, Chief of Staff
<b>Approved for issue by</b>	Council, 13 April 2023
<b>Effective from</b>	13 April 2023
<b>Next review</b>	01 April 2025 (or in line with other legislative or good practice changes)

## Version control tracker

<b>Version</b>	<b>Approved date</b>	<b>Description of change</b>	<b>Amendments by</b>
1.0	17 September 2020	Created a new policy and approach to recommending appointments and reappointments in line with the relevant legislative framework and the PSA Good Practice in making Council Appointments guidance, with a clear and positive emphasis on equality, diversity and inclusion at all stages of the process.	Laura McClintock, Chief of Staff
1.1	13 April 2023	Reviewed by Council – no changes	Janet Collins, Senior Governance Manager



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## 1. Introduction

1.1 This policy sets out our approach to managing and recommending Council member and Council Chair appointments and reappointments.

## 2. Purpose

2.1 It is designed to ensure that we follow a consistent approach to all appointments and reappointments, in line with relevant legislation<sup>1</sup> and other best practice. This includes the Professional Standards Authority's '*Good practice in making Council appointments*', which sets out the principles, guidance and the scrutiny process for regulators recommending appointments, subject to section 25C scrutiny<sup>2</sup>. See associated documents list in section 13 below for more information.

## 3. Scope

3.1 This policy applies to all Council member appointments and reappointments, including the Chair of Council.

## 4. Exclusions

4.1 This policy does not cover any other types of appointments or reappointments, for example, appointments of statutory committee members, or external members of the non-statutory committees.

## 5. Responsibilities

5.1 Below are the key roles and responsibilities across the process:

- **Privy Council:** the power to make appointments to the GPhC Council rests with the Privy Council. In doing so, the Privy Council acts in accordance with legislation setting out, amongst other things, who may and may not be appointed to the Council and for how long they may serve<sup>3</sup>. In most cases, the Privy Council's decision will be informed by advice from the Professional Standards Authority.
- **Professional Standards Authority (PSA):** the role of the PSA is to advise the Privy Council on the processes used to select the candidates recommended for appointment. It is important for the Privy Council to have confidence in the process used by the regulators to make these recommendations before it makes its decision. The PSA scrutinises each appointments process carefully and advises the Privy Council whether it can have confidence in that process. The PSA is not a decision-maker and looks solely at the process undertaken by a regulator to make a recommendation.
- **Regulators (including the GPhC):** the role of the regulator is to assist the Privy Council to make the appointments. Regulators are responsible for managing the processes to identify suitable candidates and recommending these candidates to the Privy Council for

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<sup>1</sup> This includes the Pharmacy Order 2010, the General Pharmaceutical Council (Constitution) Order 2010, as well as the Equality Act 2010

<sup>2</sup> Section 25(c) of the National Health Service Reform and Health Care Professions Act 2002

<sup>3</sup> The Constitution Order sets out the criteria by which individuals are disqualified from appointment to the council. This disqualification criteria is tightly prescribed. Individuals must also meet other relevant eligibility criteria.

appointment. This includes recommending the Privy Council reappoint or extend the term of existing Council members.

- **GPhC Council:** the Council is responsible for ensuring that the appointments process is undertaken appropriately and in a timely manner, and for allocating sufficient resources to it. This includes approving the overall approach to recommending appointments and reappointments, in line with this policy.
- **Governance team:** the governance team is responsible for ensuring that the need to plan and initiate the process is brought to the Council's attention in good time, and for managing the day to day work. This includes preparing all evidential submissions to the PSA, liaising with the Privy Council on timetabling and working with any external recruitment agency to support the overall process, including designing the candidate packs, advertising strategies and interview processes. The team also provide support and advice on governance matters within the process such as due diligence and conflicts of interest.

## 6. Guiding principles

6.1 The Council has agreed the following guiding principles to underpin the process for recommending appointments and reappointments to the Privy Council:

- a. appointments and reappointments must comply with the requirements of the Pharmacy Order 2010 and the Constitution Order 2010
- b. all aspects of the process must comply with the Equality Act 2010, as well as the GPhC's commitment to equality, diversity and inclusion more widely
- c. all aspects of the process must adhere to the PSA principles of a good appointments process: merit, fairness, transparency and openness and inspiring confidence
- d. generally, Council member vacancies will be filled using a combination of open competition<sup>4</sup> and reappointments<sup>5</sup> (for each appointments round, Council will be asked to confirm, in advance, whether the vacancies will be filled using a combination of open competition and reappointment, open competition only, or by reappointment only)
- e. in deciding whether to use open competition, reappointments or a combination of both, the Council will consider:
  - the current and future needs of the Council in relation to particular skills, background or experience
  - the balance within registrant membership (pharmacist and pharmacist technician) as well as the mix of pharmacy sector or setting experience
  - the diversity of backgrounds within the existing Council's membership, specifically that the Council should reflect the diversity of the public it serves and the pharmacy professions it works with

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<sup>4</sup> An open competition is when candidates are appointed to Chair or member posts following a publicly advertised competitive selection process.

<sup>5</sup> Reappointments occur when sitting Council members or Chairs are appointed for a further consecutive term, following a formal process to assess whether their skills and expertise continue to meet the needs of the council but without having to go through a further open competition.

- the balance between continuity and refreshment of the Council’s membership (the aim should be to produce a degree of change which minimises the risks of stagnation, on the one hand, and instability and delays, on the other)
  - any other relevant external factors, for example, any anticipated changes to the constitution of the Council
- f. new member recruitment will generally be supported by an external executive search agency, with suitable expertise in attracting diverse and experienced candidates for non-executive roles. This helps to avoid any direct, associative, perceptive or indirect discrimination and to increase the diversity of the candidate talent pool.
- g. communications and advertising strategies will be designed to ensure broad appeal and to identify a diverse field of candidates (which includes encouraging applications from particular groups, where appropriate) and promoted through diversity-focused channels and networks.
- h. candidate packs and other supporting materials will be produced in accessible formats, with clear, positive and welcoming messages about our commitment to equality, diversity and inclusion.
- i. a diverse selection panel for new appointments will be convened in line with the PSA guidance, including the requirement for an external independent panel member (see section 8 below for more information).
- j. selection and decision-making processes will be objective, fair and unbiased with robust independent quality assurance.
- k. diversity data will be collected and monitored at all stages of the process, including initial application, longlisting and shortlisting (please note data is not used in the individual selection process and will only be used for statistical purposes, and to help us review our performance in relation to our equality, diversity and inclusion responsibilities).

## **7. Selection criteria and competencies**

- 7.1 The selection criteria and competencies used for Chairs and Council members should reflect the current and expected future needs of the Council.
- 7.2 To ensure that it continues to reflect these needs, the Council will approve the selection criteria ahead of each appointments process. As part of this, the Council will consider the current mix of skills and expertise, with a view to filling any gaps.
- 7.3 Essential criteria should be common to all Council members, while skills that are not essential for them all may be included as ‘desirable’ criteria.
- 7.4 When developing selection criteria, it is important to remember that Council members are not ‘representatives’ of any organisation, or profession, group or viewpoint.
- 7.5 The Council needs to be credible through its performance and the mix of background, knowledge and skills of the members, not because members individually are representatives of particular interests or constituencies. However, it is critical that a diversity of life experiences, ideas and

perspectives inform our decision-making at Council level and that our Council reflects the diversity of the public that it serves and the pharmacy professions it works with.

- 7.6 When setting the selection criteria and competencies, the Council will consider the diversity of the current council at this point and decide whether it may be desirable actively to seek applications from particular under-represented groups<sup>6</sup>.
- 7.7 The Council will ensure that the selection criteria does not create any unnecessary barriers and supports diversity in membership more widely. It must not directly or indirectly discriminate against, or deter applications from, any group.

## **8. Selection panels**

- 8.1 A diverse selection panel will be convened for new appointments in line with PSA good practice guidance and other governance requirements.
- 8.2 The panel's main task is to assess candidates against the published criteria, in accordance with the published process, and decide who to recommend for appointment.
- 8.3 It is important to highlight that panels are required to make recommendations about appointments in the public interest. In order to do so, panel members should not consider themselves or be treated as representatives of any particular group or organisation in particular registrant membership bodies.
- 8.4 In line with PSA guidance, panel members should have experience in public appointments or transferable skills in the recruitment of leaders, and a range of different backgrounds, both professionally and personally, bringing different perspectives and inspiring confidence of different groups. The PSA guidance provides detailed guidance on panel constitution, including the need for an independent panel member, who can bring a credible, impartial perspective.
- 8.5 Selection panels must not include members of the GPhC staff. This is a strict requirement within the current PSA guidance.
- 8.6 Once established, we will ensure that the selection panel demonstrates a commitment to equality, diversity and inclusion throughout the process. The Chair of Council will raise awareness of our commitment to equality, diversity and inclusion with all new selection panel members in advance of the recruitment process starting and outline clearly what is expected from panel members throughout the process.

## **9. Terms of office**

- 9.1 Council member appointments should be staggered, where possible, so that a full appointments process (through open competition) does not need to be run every year. Ideally, this should be no more than every 2 years.
- 9.2 When recommending terms of office, the following factors will be considered:

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<sup>6</sup> While positive discrimination, whereby an individual is chosen purely because they fall within a particular group, is illegal, positive action is now permitted under the Equality Act 2010. Examples of positive action in this context might include encouraging applications from certain groups through express statements in job adverts, hosting an open day for certain groups, or favouring a candidate from an under-represented group when two candidates are as qualified as each other.

- the likelihood of change in the Council’s need for particular skills and expertise during the term being contemplated
- the balance between continuity and change within the Council’s membership
- the wishes of the member concerned (this applies to reappointments only, as new appointments are advertised along with the specific terms of office dates)
- any other relevant information, for example, likely legislative or strategic change during the term being contemplated.

## **10. Council member reappointments**

### **Overall approach**

- 10.1 Reappointments occur when sitting Council members or chairs are appointed for a further consecutive term, following a formal process to assess whether their skills and expertise continue to meet the needs of the Council but without having to go through a further open competition.
- 10.2 Where there are Council members or chairs whose terms are ending, and who are eligible to remain, the Council should decide whether reappointments without open competition will be considered in principle and ascertain which eligible members would like to seek reappointment.
- 10.3 Reappointments are not automatic but can be an alternative to running an open competition if individuals’ performance during their first term has been satisfactory and their skills and experience continue to meet the council’s needs. This is made clear to members at appointment and again when terms are due to end.
- 10.4 Individuals may be reappointed only if they continue to meet the eligibility and term-length criteria specified in Constitution Orders or other relevant legislation.
- 10.5 All reappointments must be made via recommendation or open competition – there must not be a mixture of the two, with some members recommended for re-appointment and others required to go through open competition. If an open competition is run, all sitting members who desire (and are eligible for) a further term must go through the open competition. This is in line with guidance from the PSA.
- 10.6 Below is the approach we take where Council agrees to the use of reappointments for a particular recruitment round (subject to the criteria set out above).

### **Reappointments procedure**

- 10.7 Generally, reappointments should not be made more than six months before they are due, so as to ensure that evidence of the member’s performance is current and relevant.
- 10.8 Members seeking a further term will be asked to provide a brief statement of their case for reappointment, including a number of declarations.
- 10.9 The Chair of Council will decide whether to recommend a member for reappointment and, if so, the recommended term of the reappointment. In doing so, the Chair should assess whether the member seeking reappointment continues to meet the Council’s requirements and is likely to continue to do so during a further term, bearing in mind the current context of the Council’s work and any anticipated changes.
- 10.10 The Chair will consider the following factors:

## Council member and Chair appointments and reappointments

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- total period in office and eligibility for a further term<sup>7</sup>
- continued eligibility for the role (including the member's declaration that they continue to meet the eligibility criteria)
- overall performance in the role (including the member's appraisal records)
- attendance record (including attendance at all Council, Committee or other working group meetings)
- the member's willingness and ability to commit the time required to the role
- any conflicts of interest or potential conflicts of interest
- anything in the member's professional or personal background which could cause embarrassment to the GPhC or the Privy Council
- any complaints received about the member
- the results of any other due diligence checks (e.g. fitness to practise history)
- the statutory requirement to have at least one Council member living or working in each of England, Scotland and Wales.

10.11 Each case will be considered on its own merit, bearing in mind the current and future needs of the Council.

10.12 As part of this decision-making process, the Chair will take soundings from one or more of the Chairs of the Audit & Risk, Remuneration, or Finance & Planning Committees. In the event that this is not appropriate, or there is a conflict or perceived conflict of interest, the Chair may take soundings from one or more external members of the sub-Committees referred to above.

10.13 The Chair will also seek third party and key stakeholder feedback, in particular from the Chief Executive and Registrar, or, should this not be possible other members of the regulator's senior team.

10.14 No Council member should be involved in any matter affecting their own reappointment.

10.15 The Chair will provide the Notice of Reappointment Recommendation to the Authority with the following information (with the name of the member redacted):

- statement of case for reappointment from the Council member concerned
- recommendation from the Chair (please note if the competencies required of Council members have changed since the member was first appointed, the Chair should outline how the member has demonstrated that they continue to meet these)
- summary of the member's most recent appraisal, including the outcome of the appraisal and any areas of concern
- up-to-date profile of other Council members
- recommendation for term of reappointment and explanation
- any other information relevant to the reappointment.

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<sup>7</sup> Council members may not hold office for more than an aggregate of 8 years within any 20-year period

## 11. Council Chair reappointments

11.1 The process for reappointing the Chair of Council will be the same as the process for Council members except that:

- The Chief Executive & Registrar will discuss with the Chair whether they intend to seek a further term.
- If so, the Council will assess its current and future needs.
- The Chair will be asked to provide a broader statement in support of their potential reappointment, including their ideas and approach to a further term.
- The Council will nominate two Council members (one lay, one registrant) to oversee the collation and assessment of evidence in the same way that the Chair of Council does for a member seeking reappointment, and to submit the recommendation of reappointment to the PSA.
- The Council should select members with appropriate skills and experience who are impartial and will be perceived to be so. These members would be expected to provide a written declaration that they do not intend to seek a further term of office.
- The appraisal reports for the Chair of Council will be based on a 360° appraisal process, including third party feedback.
- The Council will decide whether to recommend a Chair for reappointment and, if so, the recommended term of office.
- In doing so, the Council will take account of the current and future needs of the regulator, as assessed. The Council should also reflect on other relevant information including: the GPhC's annual report, accounts and strategic plan; media and reports in the public domain, and proposed changes in the regulatory environment.

## 12. Monitoring and compliance

12.1 The Council is responsible for agreeing the overall approach to appointments and reappointments.

## 13. Associated documentation

13.1 This policy should be read alongside the following supporting documents:

- PSA Good Practice in making Council appointments available [here](#)
- **Annex A:** Example Chair role description and essential criteria
- **Annex B:** Example Council member description and essential criteria

(As specified in section 7 above, role specifications and selection criteria are reviewed and approved by the Council in advance on each appointments process)



## Annex A: Role of the Chair and essential criteria (example only)

The Chair is responsible for:

### Leading Council

- Providing strong non-executive leadership to develop a focused Council who work collectively and that each Council Member puts the interests of the GPhC above their own, upholding the public interest at all times.
- Promoting the public interest and fostering an environment of openness, transparency, and accountability in the activities of the Council and of the GPhC more broadly.
- Leading Council in overseeing and scrutinising the development and delivery of realistic business plans and budgets, monitoring performance and examining proposals for change to arrive at proportionate and targeted decisions in line with corporate objectives, with the ability to withstand public scrutiny.
- Leading Council in holding the Executive to account for performance, delivery of the business plan, governance, risk and financial management.
- Chairing Council meetings effectively, to facilitate wide debate, listen to discussion carefully, summarise areas of consensus prior to decision making and articulate clear actions (this includes working with the Executive to ensure an effective and efficient annual programme of Council meetings with appropriate agendas).
- Communicating effectively with Council Members between meetings to ensure that business is taken forward, and effective contributions are made by utilising the appropriate skills of Council members.
- Providing leadership to develop a positive culture at the GPhC and within the Council, promoting equality, diversity and inclusion throughout all of our work

### Governance

- Maintaining appropriate governance and ensuring that the GPhC's code of conduct and other relevant policies and procedures are adhered to by all Council Members.
- Handling any complaints or concerns about Council Members in line with agreed procedures.
- Lead the appointments process for Council Members in line with the relevant legal and governance frameworks, agreed procedures and good practice guidance.

### Stakeholder engagement

- Playing a key role in representing the GPhC, developing and managing positive, productive, collaborative and influential relationships at all levels, including relationships with key senior

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stakeholders within and outside of the professions and accounting for GPhC performance to key senior stakeholders and its oversight body.

### Working with the CEO and Senior Leadership Group

- Establishing and maintaining a close working relationship with the Chief Executive & Registrar, Senior Leadership Group and other staff, as appropriate; and providing a sounding board for discussion of emerging issues for the Executive
- Developing the critical friend relationship with the Chief Executive & Registrar and holding them to account for the performance of the organisation.

### The essential criteria

Candidates will need to demonstrate that they have the necessary skills, knowledge and experience for this role. Candidates should provide specific examples to demonstrate how they meet the essential criteria for this role, including how they personally contributed to or achieved specific outcomes.

All candidates will be required to show how they meet the following criteria:

- **E1:** Proven ability to chair a complex and high-profile organisation [or an outstanding leadership record in a substantial, national or high-profile role]
- **E2:** ability to operate strategically, respond effectively to future challenges in healthcare regulation, be held accountable and hold others to account – contributing positively to the GPhC in a non-executive capacity.
- **E3:** High level governance and organisational skills including strategic planning, financial management, risk management, corporate and senior executive performance management and service delivery in a regulated environment with experience of non-executive work, understanding the boundaries between executive and non-executive responsibilities
- **E4:** Ability to lead and chair the Council in effective decision-making, interpreting complex information, identifying key issues, handling conflicting views, building consensus where possible and delivering concrete, decisions to deliver the organisation's objectives.
- **E5:** Outstanding interpersonal and stakeholder management skills with a proven record of building effective and positive strategic relationships, so as to command credibility, confidence and support of a wide and complex range of interested parties at national level and ability to navigate a complex political environment.
- **E6:** Ability to build supportive relationships and work successfully as a team - welcoming and showing regard to the views and advice of others and supporting collective decision making.

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- **E7:** Commitment to equality, diversity and inclusion – dealing with people and issues honestly, fairly and with respect, and promoting equality, valuing diversity and being inclusive

#### Desirable criteria

***[To include any desirable criteria as agreed by the Council during the planning of the appointments process and subject to an assessment of its needs. Desirable criteria may not necessarily be required for every appointments round]***

On this occasion, we are looking for candidates who can demonstrate **one or more** of the following areas of specific interest/experience:

- **(example)** Understanding of professional regulation and its impact on public protection
- **(example)** Strong media and communication skills to deliver messages to and influence a range of audiences.
- **(example)** Ability to articulate patient and consumer issues and/or the interests of service users.

Please note that candidates will need to provide examples of evidence to demonstrate their ability to be effective in relation to all of the essential criteria listed above, as well as the desirable criteria, where relevant.

## Annex B: Council member role specification and criteria (example)

### What GPhC Council members do

The Council has a governance and assurance role, overseeing rather than carrying out the GPhC's regulatory work. All Council members (including the chair of the Council) share a collective responsibility for carrying out the work of the Council and for the good governance of the organisation.

To do this effectively your duties will include:

- setting the strategic direction of the organisation – reviewing and revising its vision and purpose as needed
- making sure that the GPhC carries out all its statutory functions in an appropriate way
- making sure the financial management of the organisation is sound and its activities are cost effective
- delegating appropriate authority to the chief executive and registrar and to the committees of the Council
- making sure systems are in place to monitor the organisation's performance and hold the chief executive and registrar to account, making sure the organisation is run properly and follows current employment practice
- taking an active part in Council meetings and other internal and external meetings, and working effectively with the senior leadership group
- understanding who the GPhC's key interest groups are and their priorities
- keeping up to date with the changing nature of independent professional regulation and how it contributes to society
- taking part – when needed – in induction, learning and development, and performance reviews
- being available to the GPhC for the amount of time needed
- carrying out Council work in line with values etc
- acting as an ambassador for the GPhC, representing the Council to stakeholders

### The experience and knowledge Council members need to have

Candidates will need to demonstrate that they have the necessary skills, knowledge and experience for this role. Candidates should provide specific examples to demonstrate how they meet the essential criteria for this role, including how they personally contributed to or achieved specific outcomes.

All candidates will be required to show how they meet the following criteria:

#### Essential criteria

##### E1 Working within a framework

- An appreciation of and commitment to protecting, promoting and maintaining the health, safety and well-being of patients and the public.
- Experience of working within, either professionally or in other ways, a set of rules, guidance, policies or other boundaries.

##### E2 Good governance

- An understanding of and commitment to good governance, upholding the recognised principles of public life and understanding the role of governance in public bodies
- Clear appreciation of the non-executive role, and how executives should be held to account through constructive and positive challenge
- Ability to contribute to an organisation at strategic level, be held accountable and hold others to account – contributing positively to the GPhC in a non-executive capacity.
- Capacity to understand and contribute to the organisational and business issues with which the Council deals.

### E3 Analytical and decision-making skills

- The ability to identify problems, options and solutions, considering the risks, consequences and impact.
- Ability for forward thinking and to see the bigger picture.
- Knowledge and experience of analysing different types of information and situation.
- A willingness to reconsider or change your thinking in light of new information.

### E4 Working collaboratively and communicating professionally with others

- The ability to work with others, to challenge, listen and question constructively
- Good communication skills and ability to put views across clearly, persuasively and sensitively.
- Influencing and persuading others, using well-reasoned arguments, experience of participating in group discussions and working effectively with a team
- Understanding and being open to different points of view
- Ability to inspire confidence and support from GPhC stakeholders, including service-users, patients and members of the public

### E5 Integrity and respect

- A commitment to equality, diversity and inclusion – dealing with people and issues honestly, fairly and with respect, and promoting equality, valuing diversity and being inclusive
- Gaining the trust of others, principles, and values-based actions
- Taking an ethical approach to your work and being open and honest, including when things go wrong.
- Ability to reflect on own behaviour and impact on others.

### Additional essential criteria for registrant applicants only

#### E6 Pharmacy professional practice

- Up to date knowledge and understanding of the practice of pharmacists or pharmacy technicians and an awareness of the factors and issues that influence it.

### Desirable criteria (examples)

On this occasion, we are seeking candidates with **one or more** of the following:

- knowledge and/or experience of patient advocacy or the patient voice (lay)
- clinical and/or prescribing skills in one or a range of settings (registrant)

## **Council member and Chair appointments and reappointments**

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- experience of technology developments in healthcare (lay or registrant)
- an understanding of academic and vocational education and training (lay or registrant)

In addition, we are seeking XX candidate(s) who lives or works primarily in England/Scotland/Wales (lay or registrant).



# Changes to the Remit of the Assurance and Appointments Committee (AAC) and composition of the Interview Panel for AAC Chair Recruitment

## Meeting paper for Council on 24 April 2025

Public

### Purpose

To report on the work of the Council Working Group in reviewing the Remit of the Assurance and Appointments Committee (AAC) and Role Description of the AAC Chair in anticipation of the forthcoming recruitment of a new AAC Chair; to recommend changes to the Remit of the AAC and to Approve the composition of the Interview Panel who will interview and decide on the successful candidate in the recruitment of a new AAC Chair.

### Recommendations

- Council is asked to note the work of the Council Working Group and approve the changes to the Remit of the Assurance and Appointments Committee as set out at appendix 1 and described in this report.
- Council is recommended to approve the composition of the Interview Panel as set out in paragraph 4.1 of the report and to delegate to the Panel the decision on the successful candidate as AAC Chair.

### 1. Introduction

- 1.1 The term of office of the current Chair of the AAC will come to an end on 31 July 2025. The recruitment process for a new Chair is underway with a recruitment company having been appointed to assist with the recruitment.
- 1.2 Following the Council Workshop on the AAC on 20 February 2025, a Council Working Group was formed to review the Remit of the AAC and Role Description of the Chair of the AAC to support an enhanced focus on assurance. The Working Group comprised the Council Chair Gisela Abbam and Council Members Ann Jacklin and Neil Buckley. Former Council Member Jayne Salt was also a member of the Working Group until her term of office on Council ended on 31<sup>st</sup> March 2025.



- 1.3 The Council Working Group considered a number of potential changes that might be made to the Remit of the AAC. These are set out in the body of this report. The Working Group concluded that there should be further future consideration of some of the changes discussed but this future consideration should be undertaken once a new AAC Chair has been appointed. As the AAC was established by Council further to its powers under para 4(7) of the Pharmacy Order 2010 the Remit of the AAC and any changes to the Remit are a decision for Council.
- 1.4 In the light of the discussion at the Council Workshop on the AAC in February 2025 the Council Working Group considered the Role Description for the Chair of AAC and suggested changes to that document which will be incorporated by the recruitment company prior to commencing the recruitment exercise. The papers of the Working Group will be made available to all Council Members via Onboard.
- 1.5 The Working Group will continue to meet and consult with the new AAC Chair, once recruited, to identify and recommend to Council any further changes to the Remit of the ACC.

## **2. Changes to the Remit of the AAC considered by the Council Working Group**

- 2.1 The Working Group discussed both the current functions and workload of the AAC as set out in papers presented by the GPhC Staff Team and noting the discussion at the Council workshop in February 2025 attended by the current Chair and members of the AAC. The current Chair of the AAC attended the second meeting of the Working Group to clarify and respond to queries from the Working Group.
- 2.2 A number of potential changes to the Remit of the AAC were discussed by the Working Group which it was decided should not be recommended to Council at this stage.
- 2.3 The AAC is currently responsible for the recruitment of all statutory committee members. It was considered whether the scope should be extended to also include the recruitment of legal advisers. These are the independent legal advisers whose role is to advise statutory committees at Fitness to Practise Committee hearings and meetings of the Investigating Committee. The Working Group decided not to extend the scope of the AAC to include the recruitment of Legal Advisers at this juncture. A recruitment exercise for new Legal Advisers had recently been completed by the GPhC Staff Team so making a change was not time critical and so there was time to consider this potential change in scope in more detail in the future in discussion with the newly appointed AAC Chair.
- 2.4 The Working Group considered the size of the AAC which, as a committee of five, was relatively small given the AAC workload. The size of the Committee was also relevant to considering extending the scope of the in 2.3 above. Further, the Working Group considered whether in increasing the committee size there should be consideration for specialist recruitment to the Committee, that is, recruitment of legal and/or HR specialist.
- 2.5 The Working Group heard that the small size of the AAC was an asset to its working style. In its functions, such as, statutory committee recruitment the Committee worked collaboratively with the GPhC Staff Team and had delivered successful recruitments of statutory committee members.

- 2.6 In relation to adding new members to the AAC with specialist skills, such as, legal and HR, it was discussed that the current arrangement worked well with specialist advice being provided by or sourced by the GPhC staff team e.g in the areas of EDI. The Working Group decided that it would not recommend any changes to the size of the AAC nor specific specialist skills at this stage. It might be an area the Working Group would explore in the future.
- 2.7 The Working Group considered whether a change was needed to the Remit of the AAC by creating a Deputy Chair and whether the Deputy Chair should be allocated any other specific role. The creation of a Deputy Chair and related changes to the quorum for a meeting of the AAC did have a time critical element.
- 2.8 In the short term, should there be any gap between the departure of the current AAC Chair and the new Chair starting then the AAC could still have quorate meetings and carry on its work by creating the role of Deputy Chair and amending the rules relating to a quorum. In the longer-term the change to having a Deputy Chair would enable AAC meetings and the work of the Committee to still proceed if the Chair was unable to attend a scheduled meeting for any reason in the future.
- 2.9 In addition to the above reasons, it was further discussed that having a Deputy Chair was consistent with principles of good governance and created a more supportive structure for the AAC. Having a Deputy Chair and enabling AAC work to continue in the absence of the Chair aligned better with the AAC as a whole committee having ownership of its functions jointly rather than the AAC Chair solely having certain functions.
- 2.10 Apart from chairing meetings in the absence of the Chair, thereby enabling the AAC to make decisions and continue its work it was decided not to recommend any further role for the AAC Deputy Chair. The Working Group would consider any such further changes once the new Chair started and in consultation with the AAC.
- 2.11 A query was raised regarding whether the Deputy Chair should be designated as Lay as opposed to Lay or Registrant. The GPhC Staff Team advised there were legal reasons why the Deputy Chair should be designated as Lay.
- 2.12 Whilst GPhC legislation is silent on the specific composition or designation of the AAC, GPhC legislation does specifically require the Chairs and Deputy Chairs of all statutory committees to be designated as Lay. Good governance principles support a continuity of approach to the composition of the AAC. Requiring the Deputy Chair of the AAC to be a lay member prevents the risk of potential perceived bias in how the committee performs in functions particularly those relating to the recruitment to the statutory committees.

### **3. Changes to the Remit of the AAC recommended by the Working Group**

- 3.1 In view of the above consideration by the Working Group it is recommended that Council changes the composition of the AAC by changing the Lay Member role to a Deputy Chair role. It is also recommended that the linked change to the quorum of the AAC is made that the AAC would be quorate provided at least three members are present including *either* the Chair or the Deputy Chair.

### **4. Composition of the Interview Panel to recruit a new AAC Chair**

- 4.1 It is recommended that Council agree to the same composition of the Interview Panel as per the previous recruitment in 2017, namely that the Interview Panel comprises:

The Chair of Council  
One Lay Member of Council  
One Registrant Member of Council  
An Independent Assessor

- 4.2 There are a number of reasons for recommending the same composition of the Interview Panel. The Chair of AAC is a crucial appointment for Council and the assurance the role plays in relation to the decision-making of the independent statutory committees. It is therefore important the Interview Panel is comprised of Council Members including the Chair. A panel of three Council Members would be the right amount for the dynamic of the interview process and practical reasons, such as, availability. The addition of an Independent Assessor who is neither a Council Member nor Member of the GPhC Staff Team ensures good governance by adding both independence and external expertise to the process.
- 4.3 After interviewing short-listed candidates, it is recommended the Interview Panel decide on the appointment of the new AAC Chair. This report therefore recommends Council delegates the decision to the Interview Panel.
- 4.4 Members have been approached to be on the Interview Panel in consultation with the Chair of Council. Council will be updated at the meeting on the Council Members who will sit on the Interview Panel.
- 4.5 The GPhC Staff Team will identify an Independent Assessor in consultation with both the recruitment company and Interview Panel.

## **5. Equality and diversity implications**

- 5.1 It is important to note that the AAC has an important role in ensuring our statutory committees are diverse and committee members who are recruited fully understand the importance of EDI in the role that they do and the decisions that they make.
- 5.2 EDI principles run through all GPhC decision-making. The recruitment process will need to adhere to these principles including fairness of process, diversity of the Interview Panel and reference to EDI within the recruitment pack and role description.

## **6. Communications**

- 6.1 Any changes made to the Remit will be shared with the AAC. More generally this report will be published with other public Council papers.

## **7. Resource implications**

- 7.1 There are not likely to be significant resource implications with making the change to the Remit. Enabling a meeting to go ahead (as the Deputy Chair could take the chair in the last-minute absence of the Chair) which otherwise might be cancelled last minute may result in savings and would certainly be more efficient in committee business moving forward.
- 7.2 There will be a cost of having an Independent Assessor on the Interview Panel.

## **8. Risk implications**

- 8.1 In enabling committee business to proceed where the Deputy Chair takes the chair, in the absence of the Chair, will reduce the risk of inefficiency of having to cancel meetings and delays to committee business.

8.2 Having an Independent Assessor who can bring both independence and external expertise to the Interview Panel will mitigate the risk that a fair selection process has not been followed.

## **9. Monitoring and review**

9.1 The Council Working Group will work with the new Chair to consider any further changes to the Remit of the AAC.

9.2 The Remit will be reviewed in April 2027 should Council agree the recommendation in this report.

## **10. Recommendations**

- Council is asked to note the work of the Council Working Group and approve the changes to the Remit of the Assurance and Appointments Committee as set out at appendix 1 and described in this report.
- Council is recommended to approve the composition of the Interview Panel as set out in paragraph 4.1 of the report and to delegate to the Panel the decision on the successful candidate as AAC Chair.

[Paul Cummins, Chief of Staff  
General Pharmaceutical Council

16/04/2025

# Remit of the Appointments Committee

**GPhC0022 Version 2**

This policy sets out the role and scope of the Appointments Committee (referred to as the Assurance and Appointments Committee)



## Procedure details

<b>Procedure reference</b>	<b>GPhC0022</b>
<b>Version</b>	2
<b>Procedure author</b>	Paul Cummins, Chief of Staff
<b>Approved for issue by</b>	Council, 24 April 2025
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<b>Next review</b>	23 April 2027

## Version control tracker

<b>Version</b>	<b>Approved date</b>	<b>Description of change</b>	<b>Amendments by</b>
Version 1	09/01/2023		Chelsea Smith
Version 2			Paul Cummins

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## **Introduction and Purpose**

The Council has established an Appointments Committee (referred to as the Assurance and Appointments Committee). Its role is based on five workstreams:

### **Recruitment**

- Bringing high calibre and diverse individuals into the Committees through an open and thorough process, matched against clear competencies.

### **Training and Development**

- Providing committee members with the skills and support they need to carry out their roles to a high standard.

### **Quality Performance**

- Assessing and understanding whether the required standards are being reached and then maintained; particularly using outputs to inform training and development and support continuous improvement.

### **Quality Assurance**

- Monitoring procedures, processes and outcomes in order to ensure that they are up to the expected quality levels; particularly focusing on identifying learning and supporting continuous improvement.

### **Communication**

- Ensuring feedback and information is actively and regularly shared with Committee members and from them; creating a culture of continuous improvement that reinforces the independence of the Committee decision-making process.

## **Scope**

In delivering these work streams, under

1. Delegated powers from the Council and in accordance with the GPhC (Statutory Committees and their Advisers) Rules 2010, it is required to:
  - Select and appoint appropriate persons to serve as members of the statutory committees including as chairs and deputy chairs.
  - Draft and submit to Council for approval the procedure for the suspension and removal of a member of a statutory committee, or any person on the reserve list.
  - Where appropriate, suspend or remove from office members, including chairs and deputy chairs, of the statutory committees; and
  - Oversee procedures for the training, development, performance review and appraisal of members, including chairs and deputy chairs, of the statutory committees and, as appropriate, training for persons on a reserve list.



## Remit of the Appointments Committee

### GPhC0022 Version 2

- Ensure that all policies and work within the committee’s remit take account of and promote the GPhC’s culture and values and commitment to equality, diversity and inclusion”.
2. Alongside this the Appointments Committee will advise the Council on:
    - The minimum competencies it considers are required for appointment as a chair, deputy chair or other member of a statutory committee, whilst having regard to best practice on competencies required for membership of quasi-judicial committees, as disseminated by the Judicial Studies Board or the PSA or any successor bodies;
  3. The Appointments Committee must maintain a reserve list of appropriate persons who are eligible to serve as members of each of the statutory committees.
  4. Other than as specified above, the Committee has no executive responsibilities or powers.

## Accountability and reporting

The Committee is accountable to the Council. The Committee reports to the Council annually.

## Authority

The Committee has delegated authority from the Council as detailed in the remit above and the GPhC (Statutory Committees and their Advisers) Rules 2010.

## Responsibilities/Composition

The Committee, including its Chair, is appointed through arrangements agreed by the Council. The Committee has five members comprising:

- A lay member who is Chair;
- A lay member who is Deputy Chair; and
- Three registrant members, at least one of whom is a pharmacy technician.

## Terms of office

Each committee member is appointed for up to four years and may serve a maximum of two terms.

## Quorum

A quorum shall be three members of the Committee one of whom must be either the Chair or the Deputy Chair.

## Frequency of meetings

The Committee shall meet as necessary

Amended April 2025~~September 2022~~

Associates & Partners

